LINDEN GROVE-WAUKESHA

LINDEN GROVE-WAUKESHA			
425 NORTH UNIVERSITY DRIVE			
WAUKESHA 53188 Phone: (262) 524-6400		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/03):	135	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	135	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	129	Average Daily Census:	122

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/03)	Length of Stay (12/31/03)	%
Home Health Care	No				%		15.5
Supp. Home Care-Personal Care	No						41.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.6		19.4
Day Services	No	Mental Illness (Org./Psy)	26.4	65 - 74	3.9		
Respite Care	No	Mental Illness (Other)	3.1	75 - 84	30.2		76.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	47.3	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	17.1	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	12.4	65 & Over	98.4		
Transportation	No	Cerebrovascular	9.3			RNs	10.0
Referral Service	No	Diabetes	3.1	Gender	용	LPNs	12.6
Other Services	No	Respiratory	2.3			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	42.6	Male	23.3	Aides, & Orderlies	54.0
Mentally Ill	No	1		Female	76.7		
Provide Day Programming for		I	100.0				
Developmentally Disabled	No	I			100.0		
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	્રે જ	Per Diem (\$)	No.	οlo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	16	100.0	341	40	78.4	128	5	100.0	341	55	100.0	199	0	0.0	0	2	100.0	400	118	91.5
Intermediate				11	21.6	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	8.5
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	16	100.0		51	100.0		5	100.0		55	100.0		0	0.0		2	100.0		129	100.0

Admissions, Discharges, and		Percent Distributior	n of Residents'	Condit	ions, Services, an	d Activities as of 12,	/31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	3.8	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		74.4	25.6	129
Other Nursing Homes	1.1	Dressing	2.3		82.9	14.7	129
Acute Care Hospitals	93.2	Transferring	12.4		72.1	15.5	129
Psych. HospMR/DD Facilities	0.0	Toilet Use	9.3		67.4	23.3	129
Rehabilitation Hospitals	0.4	Eating	42.6		49.6	7.8	129
Other Locations	1.5	*****	******	*****	******	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	265	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	13.2	Receiving Resp	iratory Care	8.5
Private Home/No Home Health	42.0	Occ/Freq. Incontiner	nt of Bladder	51.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	3.8	Occ/Freq. Incontiner	nt of Bowel	28.7	Receiving Suct	ioning	0.0
Other Nursing Homes	2.7	<u>-</u>			Receiving Osto	my Care	2.3
Acute Care Hospitals	9.5	Mobility			Receiving Tube	Feeding	0.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet:	s 24.0
Rehabilitation Hospitals	0.0						
Other Locations	20.2	Skin Care			Other Resident C	haracteristics	
Deaths	21.8	With Pressure Sores		12.4	Have Advance D	irectives	97.7
Total Number of Discharges	Ì	With Rashes		4.7	Medications		
(Including Deaths)	262				Receiving Psyc	hoactive Drugs	62.8

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Non	Ownership: Nonprofit Peer Group		Size: -199 Group	Licensure: Skilled Peer Group		Al. Faci	l lities
	90	8	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.4	87.9	1.03	87.0	1.04	86.6	1.04	87.4	1.03
Current Residents from In-County	95.3	87.5	1.09	86.4	1.10	84.5	1.13	76.7	1.24
Admissions from In-County, Still Residing	18.5	22.9	0.81	18.9	0.98	20.3	0.91	19.6	0.94
Admissions/Average Daily Census	217.2	144.5	1.50	166.7	1.30	157.3	1.38	141.3	1.54
Discharges/Average Daily Census	214.8	147.5	1.46	170.6	1.26	159.9	1.34	142.5	1.51
Discharges To Private Residence/Average Daily Census	98.4	49.7	1.98	69.1	1.42	60.3	1.63	61.6	1.60
Residents Receiving Skilled Care	91.5	93.9	0.97	94.6	0.97	93.5	0.98	88.1	1.04
Residents Aged 65 and Older	98.4	97.1	1.01	91.3	1.08	90.8	1.08	87.8	1.12
Title 19 (Medicaid) Funded Residents	39.5	50.3	0.79	58.7	0.67	58.2	0.68	65.9	0.60
Private Pay Funded Residents	42.6	34.6	1.23	22.4	1.90	23.4	1.83	21.0	2.03
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	29.5	35.5	0.83	34.3	0.86	33.5	0.88	33.6	0.88
General Medical Service Residents	42.6	23.0	1.85	21.0	2.03	21.4	2.00	20.6	2.07
Impaired ADL (Mean)	52.2	51.9	1.01	53.1	0.98	51.8	1.01	49.4	1.06
Psychological Problems	62.8	62.2	1.01	60.0	1.05	60.6	1.04	57.4	1.09
Nursing Care Required (Mean)	6.6	7.2	0.91	7.2	0.92	7.3	0.91	7.3	0.90